

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/554409*

FILING DATE

*25 JAN 2007*

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>✓</i>					
2	<i>✓</i>					
3	<i>✓</i>					
4	<i>✓</i>					
5	<i>✓</i>					
6	<i>✓</i>					
7	<i>✓</i>					
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11	<i>✓</i>					
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13	<i>✓</i>					
14	<i>✓</i>					
15	<i>✓</i>					
16	<i>✓</i>					
17	<i>✓</i>					
18	<i>✓</i>					
19	<i>✓</i>					
20	<i>✓</i>					
21	<i>✓</i>					
22			<i>1</i>			
23				<i>1</i>		
24				<i>2</i>		
25				<i>2</i>		
26				<i>1</i>		
27				<i>1</i>		
28				<i>1</i>		
29				<i>1</i>		
30				<i>1</i>		
31				<i>2</i>		
32				<i>1</i>		
33				<i>1</i>		
34				<i>1</i>		
35				<i>1</i>		
36				<i>1</i>		
37				<i>0</i>		
38				<i>0</i>		
39				<i>0</i>		
40				<i>2</i>		
41				<i>2</i>		
42						
43						
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48						
49						
50						
TOTAL IND.	<i>1</i>		<i>1</i>			
TOTAL DEP.	<i>22</i>		<i>24</i>			
TOTAL CLAIMS	<i>23</i>		<i>23</i>			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						